

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3311	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2012
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, CHATTANOOGA		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 PARKWOOD AVE CHATTANOOGA, TN 37404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the building. The findings include: Observation on November 13, 2012 between the times of 11:30 a.m. and 5:30 p.m. revealed that the facility's ceiling tiles throughout the building have water damage and stains to them. This finding was acknowledged and verified by the maintenance director during the exit conference on November 13, 2012.	N 831	K 147 SS=D Continued: Monitoring Performance: 1. Administrator or designee will use a QA monitor that will be developed to monitor patient rooms to ensure medical equipment is not plugged into extension cords and power strips. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by: N 831 Corrective Action: 1. The ceiling tiles identified that had water damage or stains will be replaced by: Identifying Other Patients / Areas: 1. No other areas were identified during the survey. Measure & Changes to be taken: 1. None other than corrective action above.	12/30/12 12/30/12
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for	N1410	Monitoring Performance: 1. Administrator or designee will use a QA monitor that will be developed to monitor ceiling tiles for water damage and/or stains. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by:	12/30/12

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6022

XL5621

If continuation sheet 1 of 2

(X6) DATE

ADM TITLE

12/17/12

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